

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Address

\* 02-284

Christopher L. Robbins  
 Wiley Rein & Fielding LLP  
 1776 K Street, N.W.  
 Washington, DC 20006

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

0023 077151611

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 02-284

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

NAME: Christopher

1776 K Street, N.W.

Washington, DC 20006

ORDER DATED

9-16-02

FCC

02-284

MIMEOGRAPH NO.

RECEIVED  
SEP 23 2002  
MAIL ROOM